

1. NAME IN FULL TRUMP	Last TRUMP	First DONALD	Middle JOHN	SELECTIVE SERVICE NUMBER 50 63 46 580
2. PLACE OF RESIDENCE 85-11 Midland Parkway	Street and Number or RFD Route			3. DATE OF BIRTH June 14, 1946
City, Town, or Village Jamaica	County Queens	State N. Y.	Zip Code	4. PLACE OF BIRTH City Queens
5. MAILING ADDRESS (if different than Item 2) Street and Number or RFD Route same as above				State or Country N. Y.
City, Town, or Village	County	State	Zip Code	6. DATE OF REGISTRATION June 24, 1964
7. Name and address of person other than a member of your household who will always know your address Mrs. Maryann Desmond 172-70 Highland Ave., Jamaica, N. Y.				

8. Description of Registrant

COLOR OF EYES blue	COLOR OF HAIR blond	HEIGHT (APPROX.) 6 ft 2 in.	WEIGHT (APPROX.) 180
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OTHER OBVIOUS PHYSICAL CHARACTERISTICS THAT WILL AID IN IDENTIFICATION:

birthmark on both heels

Form Approved
Budget Bureau No. 33-R009.7

SELECTIVE SERVICE SYSTEM
REGISTRATION CARD